Educate doctors about recent face-to-face documentation requirement changes

Provide doctors’ offices and hospitals the following guidance in order to educate them about face-to-face documentation requirement changes that took effect for episodes beginning Jan. 1 or later.

Important notice to physicians:

Medicare changes physician’s responsibilities related face-to-face encounter

Effective Jan. 1, 2015, CMS has again made changes to the face-to-face documentation requirements that are part of the eligibility standards for Medicare home health services. Physicians ordering home health services need to understand that:

✓ Rumors that the face-to-face encounter requirement is eliminated are not true.

✓ The new requirement is that documentation of the physician visit, including the patient’s clinical and functional status that supports the need for skilled services and details their homebound status, must now be included in the certifying physician’s medical records.

✓ Home health agencies (HHAs) are now allowed to communicate with, and provide information to, the certifying physician that supports the patient’s homebound status and need for skilled care. This can be accomplished by the HHA using the 485/Plan of Care. However, it is required that the 485 that the HHA sends to the physician must:

   a. be corroborated by other medical record entries (such as the physician's clinical notes and/or a hospital discharge summary);

   b. be incorporated by the physician into his/her medical record (that is, the physician agrees with the home health material by signing and dating the entry); and

   c. be signed, returned to the HHA.

In the event of medical review, HHAs will be expected to submit as part of their record the necessary information from the certifying physician’s medical record. To assure a complete record, HHAs will be requesting that physicians send a copy of the record for the face-to-face encounter (in the form of clinical notes, progress notes, discharge summaries, etc).

Please note: Medicare has informed home health of the following regulation:

Per the regulations at 42 CFR 424.22(c), certifying physicians and acute/post-acute care facilities must provide, upon request, the medical record documentation that supports the certification of patient eligibility for the Medicare home health benefit to the home health agency, review entities and/or CMS.

Certifying physicians who show patterns of non-compliance with this requirement, including those physicians whose records are inadequate or incomplete for this purpose, may be subject to increased reviews such as provider-specific probe reviews.

View CMS’ examples of valid documentation: http://go.cms.gov/1yEGB8u.

Source: Home Care Alliance of Massachusetts

(Continued on next page)
Important notice to acute/post-acute hospitals:

Medicare changes physician's responsibilities related to face-to-face encounter

Effective Jan. 1, 2015, CMS has again made changes to the face-to-face (F2F) documentation requirements that are part of the eligibility requirements for Medicare home health services. First, the rumors that F2F documentation is eliminated are not true.

The new requirement is that documentation of the F2F and certification of eligibility (need for skilled services and details regarding homebound status) must be included in the certifying physician’s medical records or in the acute/post-acute care facility’s medical records when the physician certifying the need for home care is a hospitalist or other hospital based physician.

Examples provided by CMS on the Dec. 16 provider call indicate that a complete hospital discharge summary that is signed and dated by the physician can now meet the F2F documentation requirement. A complete discharge summary for purposes of F2F is defined as one that: documents clearly the need for skilled services as well as the patient’s homebound status, and that reflects the physician “encounter” was related to the primary reason the patient is being referred for home health services.

In the event of medical review, HHAs will be expected to submit as part of their record the necessary information from the certifying physician’s and/or the acute/post-acute care facility’s medical record. To assure a complete record, home health agencies will need upon referral, or will be requesting from the acute/post-acute care facility, a copy of the discharge summary and other clinical notes that support the case for home health care.

In the event discharge documentation is insufficient in any one of the above areas, HHAs are — as of Jan. 1, 2015 — allowed to communicate with and provide additional information from their patient assessment to the certifying physician at the hospital. However, CMS is requiring that what the HHA sends to the hospital based physician must: 1) be corroborated by other medical record entries (such as clinical notes or a hospital discharge summary); 2) be signed, and returned to the HHA; and 3) be incorporated by the certifying physician into the patient’s medical record (that is, the physician agrees with the HHA material by signing and dating the entry).

Please note: The only education that CMS has provided on these changes rules were examples on Dec. 16. The home health industry is seeking clarification, especially around the requirement that home health information be incorporated into the hospital record. As information is released, this note may be updated.

Also note: Medicare has informed home health of the following regulation:

Per the regulations at 42 CFR 424.22(c), certifying physicians and acute/post-acute care facilities must provide, upon request, the medical record documentation that supports the certification of patient eligibility for the Medicare home health benefit to the home health agency, review entities and/or CMS.

Certifying physicians who show patterns of non-compliance with this requirement, including those physicians whose records are inadequate or incomplete for this purpose, may be subject to increased reviews such as provider-specific probe reviews.

Source: Home Care Alliance of Massachusetts